Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

June 11, 2014

Received & inspected

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

JUN 30 2014

FCC Mail Room

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 150113 located in New York. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

This filing contains no CONFIDENTIAL information.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely.

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

No. of Copies rec'd ______ List ABODE

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			vm 481 Control No. 3060-0986/OMB Control No. 3060-0819 13-
<010>	Study Area Code	150113		Received & inspected
<015>	Study Area Name	WINDSTREAM RED JACK	т	a mopociou
<020>	Program Year	2015		1111 00 004
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Heacox		JUN 3 0 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5017485390 ext.		FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff.1.heacox@winds	tream.com	
ANNUA	L REPORTING FOR ALL CARRIERS			54,313 54,422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	· IIIIII
	Outage Reporting (voice)		(complete attached worksheet)	/ /
<210>		outages to report		1 Williams
<300>	Unfulfilled Service Requests (voice) 0			
<310>	Detail on Attempts (voice)			
			Į (att	ach descriptive document)
<320>	Unfulfilled Service Requests (broadband) 0			V WILLIAM
<330>	Detail on Attempts (broadband)		(a	ttach descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<420>	Fixed 2.29 Mobile 0.0			1 1
<430>	Number of Complaints per 1,000 customers (broad)	pand)		
<440> <450>	Fixed 0.82 Mobile 0.0			1. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification	/ /
<510>			(attached descriptive docum	pent)
	TWO THE PARTY OF T			
<600>	Functionality in Emergency Situations 150113NY610.pdf		(check to indicate certification	
			(attached descriptive document	
<610>			autocheu beschptive document	
<700>	Company Price Offerings (voice)		(complete attached worksheet	\ MINN
<710>	Company Price Offerings (broadband)		(complete attached worksheet	\ (\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	618	(complete attached worksheet	200000
	Voice Services Rate Comparability	(0)	yes, complete attached worksheet (check to indicate certification	
	150113NY1010.pdf		1	
<1010>	ē		(attach descriptive document)	/ ///////////////////////////////////
×1100-	Terrestrial Backhaul (V/M)2	720		
	Terrestrial Backhaul (Y/N)?	(9	f not, check to indicate certification	
<1110>	Terms and Condition for Lifeline Customers		(complete attached worksheet	4 2 2 2 2 2 2
~1200>	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	(complete attached worksheet	7
	Including Rate-of-Return Carriers affiliated with Pri			
<2000>			(check to indicate certification)	
<2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached worksheet) sheet	
<3000>	, i i see a se ingli rassitional		(check to indicate certification)	686884
<3005>			(complete attached worksheet,	118811

5575M545	ervice Quality Improvement Reporting		PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	150113		
<015>	Study Area Name	WINDSTREAM RED JACKT		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacoxwindstream.com		
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O O		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only	company is a		
	required to address voice telephony service.			
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<116>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
The state of the s	July 2013

<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacoxawindstream.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference		Outage Start		Outage End			911 Facilities Affected	Service Outage	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
	Number	Date	Time	Date	Time	Customers Affected	Total Number of Customers	(Yes / No)	Description (Check all that apply)	(Yes / No)	Resolution	Procedure:
	- 1000											
-												
				7								
-												145-00
-												
1	-											
										V		1///

1/20/05/05/05/05/0	ce Offerings Including Voice Rate Data Jection Form	FCC Form 481 OMB Control No. 3060-0986/CMB Control No. 3060-0919 July 2013				
<010>	Study Area Code	150113				
<015>	Study Area Name	MINDSTREAM RED JACKT				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox				
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox#windstream.com				
<701>	Residential Local Service Charge Effective Date 1/1/2014					
<702>	Single State-wide Residential Local Service Charge					

s	itate	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	5tate Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
-	-								
					- See a	tached worksheet			
_	\rightarrow								
_	-				1				
_	-							-4	

NSESSAGES	adband Price Offerings ection Form	FCC Ferm 481 ONAB Control No. 300 July 2013	50-0985/OMB Control No. 3060-08115
<010>	Study Area Code	150113	
<015>	Study Area Name	WINDSTREAM RED JACKT	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxswindstream.com	

1500	cally delta	q2>	sb1>	625	Walling The Park		db	xd3>	2d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
				See attac worksheet -	hed				
								12 %	

(800) Op	erating Companies			ECC form 481
Data Col	lection Form			DM3 Control No. 3050-0986/OM8 Control No. 3060-3019 July 2013
<010>	Study Area Code	150113		
<015>	Study Area Name	WINDSTREAM R	ED JACKT	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Weacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 e	xt.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heaco	xwwindstream.com	
<810>	Reporting Carrier Windstream New York, Inc.			
<811>	Holding Company Windstream Holdings, Inc.			
<812>	Operating Company Windstream New York, Inc.			
<813>	op.		402>	500
	Affiliates		SAC	Doing Business As Company or Brand Designation
		- See all	ached worksh	et
		- occ an	acried Worksin	CC

b (2)	The Party of the State of the S	July 2013)
010>	Study Area Code	150113
015>	Study Area Name	WINDSTREAM RED JACKT
020>	Program Year	2015
030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
035>	Contact Telephone Number - Number of person identified in data line <0:	
039>	Contact Email Address - Email Address of person identified in data line <0	030> jeff.l.heacox#windstream.com
910>	Tribal Land(s) on which ETC Serves	
920>	Tribal Government Engagement Obligation	Name of Attached Document
your c	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes	
o confir	rm the status described on the attached document(s), on line 920,	
emons	trates coordination with the Tribal government pursuant to	Select
54.313	B(a)(9) includes:	(Yes,No, NA)
921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
922>	Feasibility and sustainability planning;	
923>	Marketing services in a culturally sensitive manner;	
924>	Compliance with Rights of way processes	
25>	Compliance with Land Use permitting requirements	
926>	Compliance with Facilities Siting rules	
927>	Compliance with Environmental Review processes	
928>	Compliance with Cultural Preservation review processes	
929>	Compliance with Tribal Business and Licensing requirements.	

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-082 July 2013
<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxswindstream.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline -	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0811 July 2013
<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030:	jeff.l.heacoxswindstream.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	159313NY1210.doc
		Name of Attached Document
<1220>	Link to Public Website	http://www.windstream.com/About-Us/Lifeline-Applications/
or the we	beck these boxes below to confirm that the attached document(s), on line 1210, batte listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport: Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	FCC Form 483 OMB Control No. 2000-0985/OMB Control No. 3060-0819 Nej√2013
<010>	Study Area Code	
<015>	Study Area Name	150113
<020>	Program Year	MINDSTREAM RED JACKT
<030>	Contact Name - Person USAC should contact regarding this data	2015 Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	Veri nescox
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxiwindstream.com
снеск ф		rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II (e) the information reported on this form and in the documents attached below is accurate.
<2010> <2011>	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(2)) 3rd Year Certification (47 CFR § 54.313(b)(2))	les die information reported on vitis form and in the documents articuled below is accounte.
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	
120102	Certification Support used to build produceria	
	Connect America Phase II Reporting (47 CFR § 54.313(e))	-
<2017>	3rd year Broadband Service Certification	<u></u>
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	rt shall provide the number, names, and
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

#004701E144	THE RESERVE OF THE PERSON OF T	AND SOME REPORT OF A STATE OF THE STATE OF T	PRINCE OF THE PARTY OF THE PART
(3000) Ri	te Of Return Cerrier Additional Documentation	the property of the property o	C Form 481
Data Coll	ection Form	0)	AR Central No. 8060-0988/OM5 Central No. 8050-0819
100			ty 2013
STORY.	CONTROL OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE P		Harris and the second s
<010>		150113	
<015>		WINDSTREAM RED JACKT	
<020>	Program Year Contact Name - Person USAC should contact regarding this data	2015	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Jeff Heacox 5017485390 ext.	
<039>.	Contact Email Address - Email Address of person identified in data line <030>	1eff.1.heacoxswindstream.com	and the second
#ESSESSION	NAME OF THE OWNER OF THE OWNER.	CONTRACTOR SECURITION AND ADDRESS OF THE PARTY OF THE PAR	онну сучетовно осле в напретинална месмет и техную в раста
CHECK &	he boxes below to note compliance on its five year service quality plan (pursua		
	CFR § \$4.313(T)(2). I further certify that the	e information reported on this form and in the documents attached belo	ow is accurate.
	Progress Report on 5 Year Plan		I.
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
	transferrer car transferrer fat, et al. 3 action of Walter	Name of Attached Document Listing Required Information	
		AND THE PROPERTY OF THE PROPER	
(2011)	Please check this box to confirm that the attached document(s), on line 3	012 contains the required information pursuant to	7
factit	\$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address providing access to broadband service in the preceding calendar year.	esses of community anchor institutions to which began	
	promise and a second promise a second promise and a second promise and a second promise a second promise and a second promise a second promise a second prom		
			1
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		1
		Name of Attached Document Listing Required Information	
marri	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No))
	If yes, does your company file the RUS annual report	(Yes/No)	4
		-00	,
	check these boxes to confirm that the attached document(s), on line 301	r, contains the required information pursuant to § 54.313(f)(2) com	pliance requires:
[3015]	Electronic copy of their annual RUS reports (Operating Report for		
mares	Telecommunications Borrowers)		-
fantel	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
		1	1
(3017)	If the response is yes on line 3014, attach your company's RUS annual		1
	report and all required documentation	I .	1
		Name of Attached Document Listing Required Information	
(2018)	if the response is no on line 3014, is your company audited?	(Yes/No) O)
(3020)			4
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)[2], contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi		7
12022	curier a copy or triest addition interiorist statement, or (2) a titiancial report of 3 is	ormat comparable to ROS Operating Report for Telecommunications	=
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	_
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit	7
1,000			-
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2).		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		7
(Saxa)	independent certified public accountant; or 2) a financial report in a	T.	_
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,	_	
(3023)	Underlying information subjected to a review by an independent certified	<u>_</u>	⊒
	public accountant	_	_
(3024)	Underlying Information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	eh Floure	_
422424	Continently for balance offers, meanle offerent and outerment of Co	and Provis	
(3026)	Attach the worksheet listing required information		1
			1
	I		
		Name of Attached Document Listing Required Information	
		*	

NO SECURITY MEA	olon - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: NINDSTREAM RED JACKT Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Tim Loken Title or position of Authorized Officer: Director Regulatory Reporting Telephone number of Authorized Officer: 5017487442 ext. Study Area Code of Reporting Carrier: 150113 Filling Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

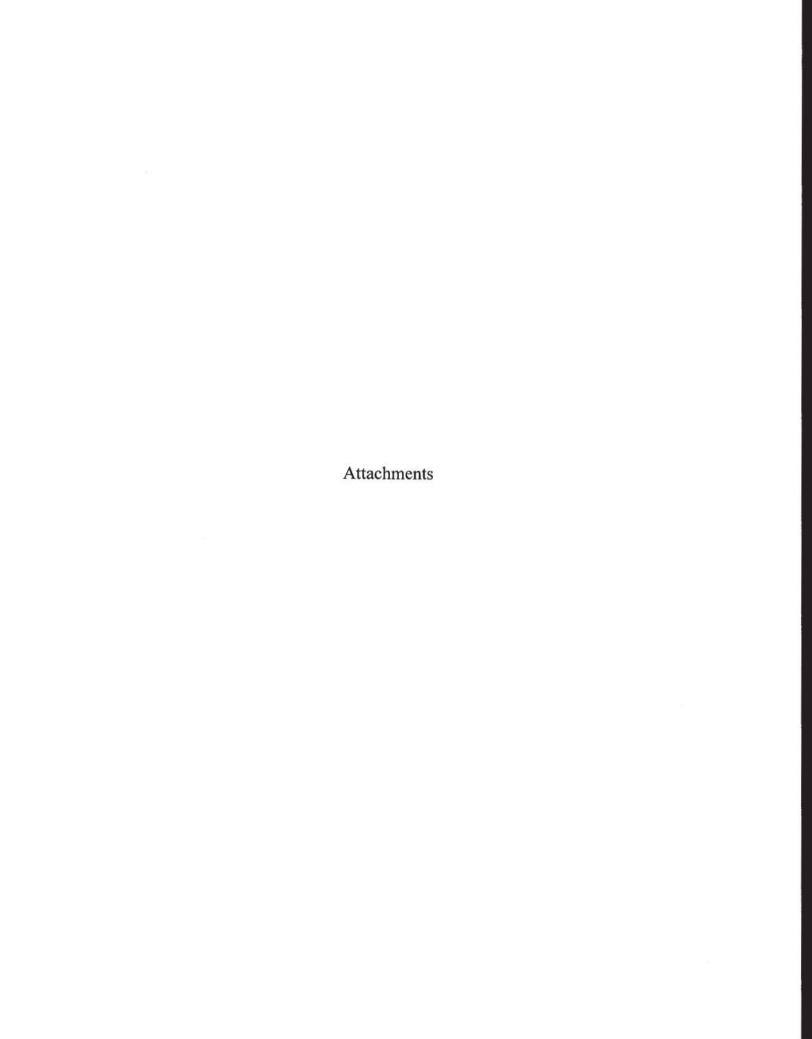
T-70607228272650	ion - Agent / Carrier ection Form	FCC Form 481 . OMB Control No., 3060-0986/OMB Control No., 3060-0819 July 2013
<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ieff.l.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting co					
so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informati	기업자 취임이 가입하면 되었다면 보다 이용한 경영을 하는 다른 경영 교육을 받는 것이 되었다면 하는 사람들이 아니라 하는 것이 되었다면 하는 것이다.
Name of Reporting Carrier:		**************************************
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		The second second
Title or position of Authorized Agent or Employee of Agent		
Felephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



	amount at the realization	150113
<010> 5	Study Area Code	150313
<015> 9	Study Area Name	WINDSTRAM RED JACKT
<020> F	Program Year	2015
<030> 0	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035> 0	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxwwindstream.com

<703>

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	state Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
NY	SHORTSVILLE		FR	13.99	0.0	0.03	0.0	14.02
NΥ	SHORTSVILLE		мѕ	10.0	0.0	0.02	0.0	10.02
	-							
					1-40,00		1	
	910955							-
			-			10		
	1000							V.

(710) Broadband Price Offerings

CMB Control No. 3060-0985/OMB Control No. 3060-0985

July 2013

<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017495390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

The second second		T				kdb.		
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NY	NA.	0.0	0.0	0.0	0.0	0.0	0.0	Other, NA
				_100				
		-					_	
		-						
		1						
	10011000							
		-						
		-						
								14, 151
		-						
_		_						
		-						
_								
		_			-			

(800) Op	erating Companies	FGC Form 481
Data Col	lection Form	OMB Control No. 3060-098670MB Control No. 3060-0319
50000		Joly 2018
Parameter 1		
<010>	Study Area Code	150113
<015>	Study Area Name	WINDSTREAM RED JACKT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Reacox
and the same		

<035>			5017485390 ext.	
<039>			jeff.l.heacox#windstream.com	
<810>	Reporting Carrier	Windstream New York, Inc.		
<811>	Holding Company	Windstream Woldings, Inc.		
<812>	Operating Company	Windstream New York, Inc.		

813> (81)	<a2></a2>	435
Affiliates	SAC	Doing Business As Company or Brand Designation
Windstream Communications, Inc.		